

AUTHORIZATION TO PROVIDE ALTERNATIVE CARE

☐ JUVENILE OFFICER ☐ LAW ENFORCEMENT OFFICIAL ☐ PHYSICIAN

INSTRUCTIONS

A juvenile officer, law enforcement official, or a physician may complete this form.
After checking the appropriate box in the upper right hand corner, complete the sections below.

I. IDENTIFYING INFORMATION

OFFICER/OFFICIAL/PHYSICIAN NAME	CITY, COUNTY OF JURISDICTION OR PHYSICIAN PRACTICE
NAME OF CHILD TAKEN INTO PROTECTIVE CUSTODY	DATE AND TIME CHILD TAKEN IN PROTECTIVE CUSTODY
PARENT(S)/CARETAKER(S) NAME	TELEPHONE
ADDRESS	

II. REASON(S) FOR PROTECTIVE CUSTODY

III. REASON COURT ORDER NOT OBTAINED

IV. PLACEMENT AUTHORIZATION

LAW ENFORCEMENT OFFICIAL/PHYSICIAN:

Pursuant to Section 210.125 RSMo and Supreme Court Rules 111.01 and 111.11, I request the Children's Division provide alternative care for a period not to exceed 12 hours from the time I took the child into emergency protective custody (as shown above). I understand that I must file a written statement with the juvenile officer not later than 12 hours from the time the child was taken into protective custody.

JUVENILE OFFICER:

Pursuant to Section 210.125 RSMo and Supreme Court Rules 111.01, 111.02, and 111.12, I request that the Children's Division provide alternative care for a period not to exceed 24 hours from the time I took the child into emergency protective custody (as shown above).

CD ALTERNATIVE CARE PLACEMENT BEGINS		CD ALTERNATIVE CARE PLACEMENT ENDS	
DATE	TIME	DATE	TIME
OFFICER/OFFICIAL/PHYSICIAN SIGNATURE		DATE	